

**MICHIGAN DEPARTMENT OF STATE POLICE**  
**MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS**

**CCW Civilian Training Report**

(Please Neatly Print or Type the Requested Information)

Training Location: \_\_\_\_\_ Instructor: \_\_\_\_\_

Program Certification Number: \_\_\_\_\_ Instructor Certification Number: \_\_\_\_\_

Training Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Description	Number
1. Number of Individuals Attending the Training	
2. Number of Individuals that Successfully Completed the Training	
3. Number of Males Trained	
4. Number of Males that Successfully Completed the Training	
5. Number of Females Trained	
6. Number of Females that Successfully Completed the Training	
7. Age Group (Number Trained)	
a. 21 - 30	
b. 31 - 40	
c. 41 - 50	
d. 51 - 60	
e. 61 - 70	
f. 71 +	

**Additional Comments:**

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date